

THE POLICY DEBATE

CHA Resources Solidly Support Palliative Care

By MICHAEL RODGERS

The Catholic Health Association's public policy positions long have embraced the importance of providing compassionate care to all people, especially to those facing serious illness — those in pain or those who are dying. Such care is a hallmark of Catholic health care and a central part of our shared mission. Our commitment follows the example of Jesus, whose ministry was marked by care for people in the greatest need.

In addition to our long tradition, the *Ethical and Religious Directives for Catholic Health Care Services* call on Catholic health care organizations to be communities of respect, love and support for patients and their families as they confront the reality of death. The *Directives* serve to remind us that one of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it.

Unfortunately, in today's health delivery system, patients often confront a complex, fragmented and uncoordinated array of services, which leaves both them and their families confused and frustrated. Nowhere is this more evident than in end-of-life care. Facing the realities of a broken delivery system, patients and their families often lack the necessary information and support to make informed decisions about their care. All too often, the result is patients receiving care they either don't want or don't need.

As health care has come to a better understanding of the need for improvement, hopeful signs are on the horizon, especially for those patients facing serious or terminal illnesses. In recent

years, we have witnessed a positive shift towards palliative care as an approach that coordinates care by addressing the emotional, physical, practical and spiritual needs of patients. In general, palliative care is designed to prevent and relieve suffering and support the best possible quality of life for patients and their families.

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The events leading up to the enactment of the Patient Protection and Affordable Care Act, as well as the legislation itself, have had the effect of beginning to redesign the health delivery system by shifting emphasis towards better access, quality and coordination. The ACA, signed

by President Obama in March 2010, includes a number of provisions that support research around the best ways to treat terminally ill patients, incorporating more funding for palliative care research, health professional education and care coordination.

Additionally, a renewed commitment in providing palliative care has taken on increased importance in light of recent initiatives at the state level. We have begun to witness an intensification of advocacy efforts among some groups within states to either pass or to consider assisted suicide legislation. Already, four states — Oregon, Washington, Montana and Vermont — have enacted laws to legalize assisted suicide. CHA's conviction about the sanctity and dignity of life compels us to reject the argument that assisted suicide is a needed response to terminal illness. Rather, the ministry has long held the view that patients facing the end of life should expect and receive comprehensive care that addresses all forms of suffering — physical, psychological and spiritual — so they can live with dignity until the time of natural death. Our experience has shown that advances in medicine and palliative care have enabled our health care system to provide compassionate and outstanding care even when a cure is unlikely.

Beyond the Affordable Care Act, several important legislative proposals also have been introduced in the 113th



Congress to improve care to patients at the end of life. A common theme incorporated in these bills is the goal of eliminating barriers that work against integration and coordination and recommending solutions that ultimately enhance quality and patient-centered care.

These legislative proposals would — among other things — improve training for health professionals working in palliative care. These bills also would improve curricula in medical schools and include support for training of faculty to provide instruction in palliative care medicine; provide more continuing education for health care

professionals; and enhance research opportunities for additional medical training in palliative and end-of-life care. One promising legislative proposal would enable the Department of Health and Human Services to award grants to establish palliative care and hospice education centers of excellence. These centers would concentrate on providing students with clinical training in palliative care medicine in such settings as long-term care facilities, home care programs, hospices, chronic and acute disease hospitals and ambulatory care centers. CHA has worked in partnership with other organizations to advocate enactment

of these positive initiatives.

Continued budget debates focused on reductions in health care spending will make it challenging to expand education and training in these areas, which is why our continued advocacy and voice are needed now more than ever.

Beyond legislative initiatives, CHA continues its collaboration with concurring groups to advocate access to high-quality end-of-life palliative care. Such partnerships include the Supportive Care Coalition, an organization of approximately 22 Catholic health care members committed to promoting excellence in palliative and end-of-life care.

CHA also is working with the George Washington University Institute for Spirituality and Health to bring increased attention to the spiritual needs of patients, families and health care professionals. Finally, along with the American Cancer Society and Cancer Action Network, CHA is a convener of the Patient Quality of Life Coalition — an alliance of more than 20 organizations established to advance the interests of patients and families facing serious illness. The common theme among all these coalitions is development of consensus approaches to promoting public policies that improve and expand access to high quality end-of-life and palliative care.

As the nation continues its efforts to redesign the health delivery system and implement provisions of the Affordable Care Act, the Catholic health ministry, with its tradition of compassionate care, continues to provide strong guidance, direction and leadership to the public policy debate.

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